

Inv # 8395 12

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF January 2016

Date: January 31, 2016

CONTRACTOR: FOPCO, Inc.

ADDRESS: 2149 Lauwiliwili St.

City, State ZIP: Kapolei, HI, 96707

Contract No. 63229 [✓]

DAGS Job No. 11-10-0755

PROJECT TITLE: ICSD Radio Facility, Hilo State Office Building - Upgrade of Inverter & Related Electrical

CONTRACT

Basic Contract Amount \$ 59,260.00

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 59,260.00

WORK ACCOMPLISHED

		<u>Basic Contract</u>
Completed to Date	100%	\$ <u>59,260.00</u>
Retained	REDUCED []	\$ <u>-</u>
Amount Subject to Payment		\$ <u>59,260.00</u>
Payments to Date		\$ <u>51,787.00</u>
Payments Now Due		\$ <u>7,473.00</u>

Change Order

Total

\$ <u>-</u>	\$ <u>59,260.00</u>
\$ <u>-</u>	\$ <u>-</u>
\$ <u>-</u>	\$ <u>59,260.00</u>
\$ <u>-</u>	\$ <u>51,787.00</u>
\$ <u>-</u>	\$ <u>7,473.00</u>

Payment No. FINAL [X] 2

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add.. <input type="checkbox"/> Project Acceptance Date <input type="checkbox"/> Project Completion Date	FOR OFFICE USE ONLY
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1. Computed and Checked by:

3. Recommended: Marc S. M. [Signature] 03/10/16 Date

4. Recommended: [Signature] 3-15-16 Date

5. Approved: [Signature] 03/16/16 Date

The Public Works Administrator certifies that change orders have been issued and the work performed.

Scott M. Ozi MAR 18 2016
State Public Works Administrator Date

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

DUE MONTHLY: ☐ PROJECT SCHEDULE

☐ DAILY REPORTS ☐ PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST ☐ CONTRACT NUMBER

☐ PROJECT NAME AND LOCATION ☐ ALL SIGNATURES

☐ AS NEED - WASTE REDUCTION PROGRESS REPORT

SPECIALTY / MISC:

☐ AIR CONDITION ACCEPTANCE ☐ PAINT ACCEPTANCE

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. [X] As a preferred contractor, I have submitted all apprenticeship approval forms.

FOPCO, Inc.

Name of Contractor

E1-101- [Signature] Project Manager 1/31/16
By signature / Title Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

Department of Accounting and General Services
Division of Public Works

For the Month of: January 2016

CONTRACTOR: FOPCO, Inc.

Contract No.: 63229

PROJECT TITLE: ICSD Radio Facility, Hilo State Office Building - Upgrade of Inverter & Related Electrical

DAGS Job No.: 11-10-0755

CLOSED								
	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	CONTRACT AMOUNT RETAINED
	FOPCO, Inc.	General Contractor	ABC-15942	\$56,200	\$56,200	100.00%	5%	\$2,810

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% Cmpl	RETN %	SUB- CONTRACT AMOUNT RETAINED
	Unitek Insulation	Haz Mat Abatement	C-11851	\$3,060	\$3,060	100.00%	10%	\$306
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
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						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs			\$3,060	\$3,060			\$306

	\$59,260	\$59,260
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BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$3,116 <i>0mm</i>
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I certify that the above retentions are correct for this request.

Edward Odgers, Program Manager

Name of Contractor

By Signature

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 2 - *Final*

PROJECT TITLE: ICSD RADIO FAC., HILO SOB - UPGRADE OF INVERTER & RELATED ELEC. INFRASTRUCTURE

BILLING MONTH: January-16

DAGS JOB NO.: 1 1-10-0755

CONTRACT NO.: 63229

CONTRACTOR: FOPCO, INC.

VENDOR CODE: 29612700

Original Contract Payment		Suffix: 1			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B12-431M		\$4,587.00	(\$2,886.00)	\$7,473.00
		Totals:	\$4,587.00	(\$2,886.00)	\$7,473.00

Change Order Payment		Suffix: 2			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B12-431M		\$0.00	\$0.00	\$0.00
		Totals:			

Grand Total:	\$4,587.00	(\$2,886.00)	\$7,473.00
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Verified By *[Signature]*

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 29612700

Cost Code 3A1

Voucher No. 3229N29

Verified By *[Signature]*

MAR 23 2016

